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May 11, 2006

from **WILLIAM A. JIVIDEN**Direct: 937-449-6448 / Fax: 937-223-0724 / ~~william.jviden@dinsmoreshohl.com~~**To:** Examiner Lois L. Zheng**Firm:** MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS**Fax Number:** 571/273-8300**Client Number:** UVD 0299 IA/40815.399**Pages:** 60
(including cover)**Comments:** OFFICIAL OFFICIAL OFFICIAL

Applicant(s) : Phelps, et al.
Serial No. : 10/625,886
Filed : July 23, 2003
Title : NON-TOXIC CORROSION-PROTECTION
RINSES AND SEALS BASED ON RARE EARTH ELEMENTS
Docket No. : UVD 0299 IA / UD 268
Examiner : L. Zheng
Art Unit : 1742

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PTO/USBA/7-2004

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FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 260.00

Complete if Known

Application Number 10/625,888
Filing Date July 23, 2003
First Named Inventor Andrew W. Phelps
Examiner Name Lois L. Zheng
Art Unit 1742
Attorney Docket No. UVD 0299 IA/UD 268

METHOD OF PAYMENT (check all that apply)

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☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____
HP = highest number of total claims paid for, if greater than 20
Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimers (2)

Fees Paid (\$)
260.00

SUBMITTED BY

Signature  Registration No. 42,695 Telephone (937) 449-6400
Name (Print/Type) William A. Jorden Date 05/11/2006

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PTO/SB/17 (12-04)

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

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Complete if Known

Application Number	10/625,886
Filing Date	July 23, 2003
First Named Inventor	Andrew W. Phelps
Examiner Name	Lois L. Zheng
Art Unit	1742
Attorney Docket No.	UVD 0289 IAU/D 268

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = _____ x _____ = _____						
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Other: Terminal Disclaimers (2)

Fees Paid (\$)

260.00

SUBMITTED BY

Signature		Registration No. 42,695 (Attorney/Agent)	Telephone (837) 449-6400
Name (Print/Type)	William A. Javiden		Date 05/11/2006

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